

B22000000216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

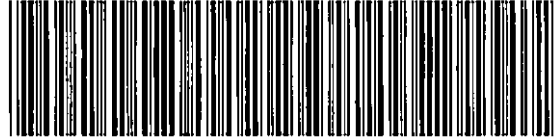
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 11/12/2024

Name: Cheyenne Davis

Reference #: 2556378

Entity Name: DEUTERIUM ABSOLUTE RETURN FUND, LP

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

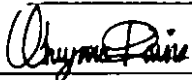
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other PLEASE ATTACH CERTIFIED COPY UPON FILING

Authorized Amount: \$105.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEUTERIUM ABSOLUTE RETURN FUND, LP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Osman Ozsan

Contact Person

DEUTERIUM ABSOLUTE RETURN FUND, LP

Firm/Company

1150 Cleveland St, Suite 420

Address

Clearwater, FL 33755

City, State and Zip Code

sondra.berman@deuterium.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy Berman

at (727) 214 2464

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is: DEUTERIUM ABSOLUTE RETURN FUND, LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B22000000216

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 05/03/2022

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>	
DEUTERIUM ABSOLUTE RETURN FUND GP, LLC	1006 N Fort Harrison Ave	<input type="checkbox"/> Add
	Clearwater, FL 33755	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
DEUTERIUM ABSOLUTE RETURN FUND GP, LLC	1150 Cleveland St, Suite 420	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
	Clearwater, FL 33755	<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

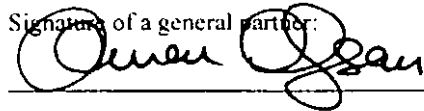
☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State)

Signature of a general partner:



Typed or printed name:

Osman Ozsan, Authorized Person of the General Partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

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